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ABSTRACT

In the late 1960's and early 1970's, attracting physicians to areas of rural Alabama was virtually impossible because of the lack of professional health care workers available to become part of the necessary health care team. To address this problem, the University of Alabama (UA) adopted a plan to create a consortium of higher education institutions throughout Alabama for the training of allied health care workers. In 1970, a formal agreement was signed between the State Board of Education, which is the governing body of Alabama's public two-year colleges, and UA, linking the two-year institutions with the Regional Technical Institute located at the UA campus. Under the agreement, interested and qualified students attend the two-year college in their area of the state to complete prerequisite courses for 1 year, and then attend UA's Medical Center for 1 year to complete training in a specific health care field. The final component of the training involves full-time employment at a clinical site, often in the student's home area. Program graduates receive a certificate from UA and an associate degree from their two-year institution. A survey of 1990 program graduates, which produced a 45% response rate, revealed the following: 93% were employed in their health care field; 59% returned to their home areas for employment; and 46% were employed at their former clinical site. These results of the 1990 survey are consistent with results since 1983, the first year of the survey. Other areas receiving special attention of the consortium council, include initiating efforts to improve communication between employers and educators in the health care field, and active recruitment of minority students. (PAA)

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# ALABAMA LINKAGE: AN INNOVATIVE HIGHER EDUCATION CONSORTIUM MAXIMIZING STATEWIDE RESOURCES

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In the late 1960's and early 70's, higher education in Alabama was experiencing its greatest financial crisis to date as well as facing changes in its programmatic approach. Causing these changes were:

1. The emergence of new social, scientific, and technical needs which would result in changes in curriculum, facilities, and personnel.

2. Demands for specializations, research, and job-oriented education requiring coordination of a complex nature beyond institutional boundries.

3. The compulsion to innovate, experiment, apply modern technology, serve society more directly, and effect social, political, and economic change.

4. Mounting costs required to support institutions and increasing competition for public and private funds was resulting in financial uncertainty.[1]

In addition to these problems in higher education, the citizens in rural areas of the state of Alabama were in desperate need of access to medical care. Attracting physicians to these areas was virtually impossible because of the lack of technical and professional health care workers available in the areas to be a part of the necessary health care team. Recognizing the problem and seeking a solution which would not only provide adequate training for these workers but also send them to the rural areas to practice, officials at the University of Alabama at Birmingham (UAB) devised a plan which, nearly a quarter of a century later, is still in operation. The plan involved creating a consortium of institutions of higher education around Alabama for training allied health

workers. The definition of consortium as we will use it is an arrangement between institutions to pursue a collaborative program which would strengthen academic programs, improve administration, or provide for other special needs. The consortium envisoned for Alabama involved the University of Alabama at Birmingham (UAB) and the state's 26 junior colleges.[2]

In 1970, with short-term funding from the Alabama Regional Medical Program and a five-year grant from the W.K. Kellogg Foundation, a formal agreement was signed between the State Board of Education which is the governing body of Alabama's public two-year colleges and UAB defining the responsibilities of each party in developing a linkage between the junior colleges and the Regional Technical Institute (RTI) located on the UAB campus and designed for technical training of allied health workers.

Under the agreement, quality students interested in a career in health care are recruited to the junior college in their area of the state, study the prerequisite courses for a year, then spend a year at UAB's Medical Center in a specific health care area. The final part of this training is working fulltime at a clinical site, often in the student's home area. This became what is now the Alabama Junior College/School of Health Related Professions Linkage.

When all academic requirements are completed, the student receives a certificate from the UAB program and an associate degree from the junior college.

Prior to the establishment of the Regional Technical Institute, certificate-level training programs were based at University Hospital in the UAB Medical Center. These programs were transfered to the Regional Technical Institute as academically-based programs with necessary clinical affiliations.[3]

A primary problem was articulation -- the integrating of pretechnical instruction by junior colleges and the technical instruction provided by UAB -- general education courses that are prerequisites to the technical phase of the curriculum required coordination between the faculties at the junior colleges and at UAB in order to assure the logical sequencing of learning experiences. The minimum educational standards established by accrediting agencies for allied health programs were already determined, but it had to be determined which specific academic courses at the junior college would meet the necessary prerequisite requirements for entry into the technical phase of instruction. A series of articulation conferences were held at UAB for junior college and allied health faculties to exchange information.[4]

Another major advantage of the Linkage consortium is the sharing of existing resources and avoiding unneeded duplication of academic programs. Rather than establishing expensive allied health programs in different areas of the state, most of the programs are located at the UAB School of Health Related Professions (incorporating the former RTI) which is centrally located in Alabama. Because of the high tech equipment and specialized faculty required for this training, the cost of initiating and maintaining such programs is far greater than academic liberal arts and nonprofessional offerings. With the majority of the programs located at UAB, the Linkage has saved the taxpayers of the state millions of dollars. Students also have the advantage of the Medical Center as a learning experience. The situations encountered at the Medical Center prepare the students for almost any experience they might encounter in the practice of their chosen health profession.

Clinical education is an important ingredient of the educational process for allied health students, and every effort is made to place them in clinical facilities in or near their homes with a majority of these being in rural areas. While the primary mission of a clinical facility is to provide patient care rather than education, a unique capability of the facility is to provide opportunities for the student to participate on the health care team.[5] The social and pyschological dynamics of health care delivery with the patient/client as its focus cannot be simulated. In addition to intellectually stimulating the staff, there are recruiting advantages for the facilities since the students may be seeking employment in the health care setting they are studying.[6]

Affiliations with clinical sites is an on-going process of negotiation and maintenance. When a prospective site is identified, a memo of agreement is drafted discussing the mutual and separate responsibilities of the school, student, and facility. This covers such topics as liability insurance coverage, stipends for students, and an estimate of the resources of personnel time and supplies that will be required from the clinical faculty.

Orientation of the clinical faculty is the next phase. Reasonable expectations of student performance are discussed by the program faculty and the clinical faculty as well as techniques to outline student progress.

The final phase is the actual arrival of the students at the clinical facility. There is a continuous dialogue among program and clinical faculty and the student with at least one site visit by the program faculty.

Today the Linkage is the prototype for the sharing of educational resources and for preparing graduates for the rapidly expanding health care job market. The Linkage has been cited in the Institute of Medicine study, "Allied Health Services: Avoiding Crisis"[7], and by the World Health Organization during a meeting in Geneva, Switzerland. It was also one of ten models of rural health related programs selected by the National Rural Health Association. In addition to the one plus one concept of the junior college Linkage -- one year at the junior college, one year at UAB -- this collaborative philosophy has been applied to the School's baccalaureate Linkage. Baccalaureate level students are required to complete two years of prerequisite academic coursework at a senior level institution, then spend two years in their allied health specialty program at UAB. The degree in this case, however, is awarded by UAB.

Twenty years later, very little has changed as far as the mechanics of the Linkage. Students from rural areas are still attending the junior colleges taking prerequisite courses and most of the allied health programs are still the only ones in the state. Also, nowhere else in Alabama could a student have the opportunity to learn within UAB's world famous Medical Center and University Hospital, recently chosen as one of the top 3 teaching hospitals in the nation. Some of the original programs are gone, phased out when it became apparent the demand was not present, and they have been replaced by others where there is a need. The faculty and clinical faculty continually change the instruction as advancements are made within the fields of study.

The statistics for the Linkage class of 1990 are impressive. With over 45% of the graduates responding to an annual survey, the indications are that 93% are employed in their health care field, 59% returned to their home areas for this employment, and 46% are employed at their former clinical site. Several of the respondents who stated they were not employed said they had returned to school for an additional degree in their field.

As amazing as these statistics are, they're consistent with each year's total going back to 1983 when the first annual survey was conducted. Prior to that, in 1982, a survey of graduates for the past 11 years yielded basically the same results.[8] An Institute of Medicine study released in 1989, "Allied Health Services: Avoiding Crises", quotes this study of graduates over an 11 year period which found that 66% of them who remained in the allied health field returned to their home counties to live and work. The study adds, "Clearly, this (Linkage) model requires serious commitments by employees and leaders in educational institutions who are concerned with

and willing to help to resolve some of the problems of rural care."[9]

The School of Health Related Professions also offers Masters, and Ph.D. degree level instruction as well as post-graduate certicate programs. Other graduates of the four Departments--Health Services Administration, Applied Health Sciences, Nutrition Sciences, and Special Programs--all mirror the statistical success of the Linkage graduates with an overall total of 97 % of the 1990 graduates finding immediate employment in their health related career field.

There are growing concerns about critical personnel shortages in some areas of the healthcare field. The closing of rural hospitals has caught the attention of the public and can adversely affect the economy of the community. But there will continue to be a need for skilled allied health workers at all levels.

Consequently, another effort is underway in the state to identify and meet the health care needs of its citizens. The State of Alabama has funded the first year of a proposed four year project which has the potential to assist in alleviating the medical manpower shortages in rural areas. It should also result in an increase in access to health care for local residents. The agency will provide funding over a 12-month period to the Health Professions Education and Employment Council (HPEEC) to establish a data base of health professionals in two pilot studies of targeted rural counties in western and southeastern Alabama and analyze this data to determine critical shortage areas.

The Council, operating under the auspices of the State Health Planning and Development's Office of Rural Health, also plans to establish pilot education programs based on the identified professions with critical shortages. Linkages will be established between two- and four-year educational institutions with health training programs, health care facilities, and local educators and employers.

I cannot overemphasize the cooperative intent of the project. We have the resources in Alabama to identify health manpower needs in specific areas, provide the academic and technical training to meet those needs, and establish a system which will continue to accomplish these two entities while providing educational and career opportunities for people to live and work in their home communities.

Our state, along with the rest of the nation, is experiencing a health personnel crisis, according to the 1990 Seventh Report to the President and Congress on the

Status of Health Personnel in the United States. One of the reasons for the crisis as cited by the report is fewer students entering health professions programs, specifically in the "allied health" areas. This medical manpower shortage has caused millions of Americans, including those living in rural areas, to face formidable barriers to adequate care. Solutions suggested by the report include more health personnel from all disciplines, more emphasis on primary and preventive care, and provision of services through a multidisciplinary approach.[10]

The Institute of Medicine study which I have already mentioned said there is an overall uncertainty of occupational projections in the allied health areas because of the absense of a comprehensive data base. The Institute of Medicine study cited a lack of communication between educators and employers as hindering the development of a comprehensive health personnel data base.[11]

One of the first goals of the Council is to address this lack of communication. Employers and educators in the pilot areas are going to work together to create a viable data base of what exists, what will be needed in the future, and what resources are available to meet these needs. These resources may include telecommunication and long distance learning, among other non-traditional approaches.

Minority recruitment has long been a major issue in allied health education. The minority students who have the motivation and academic background to succeed at a higher level of education are recruited intensely by every professional school. This leaves the "average" minority student who would do well and perhaps even thrive in an allied health educational setting without an incentive to academically prepare for this type of education. Lack of visibility of the health-related professions, a paucity of accessible role models, and insufficient academic counseling have resulted in low numbers of minority allied health students and professionals. Minority recruitment will be another strength of the Council. The utilization of needs assessment, positive role models, available educational resources, assured employment in the student's home area, and the possibility of financial assistance while in school will be an enticement never before available to the minority student.

The overall topic of this presentation has been educational collaboration. Mrs. Mettee and I have discussed an existing entity, the Linkage, and a concept which we hope will shortly become a model also, a cooperative venture involving institutions offering allied

health educational training, health care facilities, and related government agencies. The focus has been on health care education and delivery, but the Linkage model is applicable to other areas of education, especially those requiring expensive equipment and instruction. The Council's methodology and goals are not limited to allied health education. We have at our disposal the finest education system in the world and the most outstanding service delivery system that has existed. With cooperation and collaboration, the two can be merged in many areas into a cost-effective resource that meets needs in education, employment, and quality of life.

[1]Patterson, L.D., Consortia in Higher Education, Technical Report R-7, Washington, D.C.: Eric Clearinghouse on Higher Education, November 1970, p. 8.

[2]Moore, R.S., Consortiums in American Higher Education: 1965-75, report of an exploratory study. Washington, D.C.: Office of Education, Department of Health, Education, and Welfare, 1968, p. 12.

[3]Hawkins, Jack, Jr., "The Junior College/Regional Technical Institute Linkage: An Overview", Lessons Learned, 1978, pp. 9-11.

[4]Hawkins, pp. 12-13.

[5]Brown, R., Educational uses of clinical resources, selected papers from health manpower education conferences 1974-76, Washington, D.C.: American Association of State Colleges and Universities, 1976.

[6]Amos, Patricia A., "Clinical Education for Allied Health Students", Lessons Learned, 1978, p 17.

[7]Institute of Medicine, National Academy of Sciences. Allied Health Services: Avoiding Crisis (Executive Summary), Journal of Allied Health, 1989, 18(4), pp. 335-347.

[8]Cooper, F.R., Blayney, K.D., "Where Have All the Graduates Gone?", Journal of Allied Health, Summer, 1990, pp 281-284.

[9]Institute of Medicine.

[10]1990 Seventh Report to the President and Congress on the Status of Health Personnel in the United States.

[11]Institute of Medicine.